

GUIDELINES AND REQUIREMENTS PUBLIC HEALTH PRIORITY FUNDING ELIGIBLE ACTIVITIES - CY 2003

A. Public Health Infrastructure

1. Information Systems (LINCS)

State Contacts:

Laurie Pyrch, LINCS Coordinator, Division of Local Health and Emergency Services - (609) 292-4993

Ross Ninger, Health Alert Network Coordinator, Division of Local Health and Emergency Services - (609) 292-4993

Information Systems (LINCS) is a priority activity. **ALL local health departments receiving PHPF must use funds to support information systems or provide assurances that these activities are covered by local funds.**

- A. As a priority for CY 2003, all local health departments, including LINCS agencies, are to ensure that all key staff are equipped with personal computers and have workstation access to the Internet and LINCS Internet e-mail at their individual workstations/desks.
1. Key staff include individuals serving in the capacity or having the responsibilities of health officer, back up or assistant health officer, public health nursing director/coordinator, environmental health director/coordinator, public health emergency response director/coordinator, and health education director/coordinator. Public health emergency response and on-call personnel shall have 24 hour/7 days per week access to the Internet and Internet/LINCS e-mail (shared laptop computers may be purchased for this purpose).
 2. All the health officers of local health departments are to participate in the NJ~LINCS Communications Network by acquiring a LINCS e-mail address ("[user name](mailto:user_name@njlincs.net)"@njlincs.net) from the New Jersey Institute of Technology (NJIT) LINCS Helpdesk (helpdesk@njlincs.net).
- B. Additionally, **all** local health departments, in cooperation with their county LINCS agency, shall continue to assist in the development of a countywide Community Health Alert and Information Network (CHAIN) by conducting a survey of community level organizations in their jurisdiction.
1. Participating community-level organizations are to include fire, police, EMS, hospital infectious disease staff, medical directors, physicians and primary care providers, emergency rooms, clinical laboratories, 911 communications centers, health clinics, schools, private voluntary organizations, nursing homes, assisted living facilities, long term care facilities, pharmacies, veterinarians, and other governmental and non-governmental organizations.
 2. Local Health departments other than LINCS agencies are to assist their county LINCS agency in determining contact names and numbers (office phone, answering service phone, e-mail, pager, cell phone, and fax) for each. **Local health departments** (other than LINCS agencies) **must compile and submit a directory of contacts to their county LINCS agency** for inclusion in a countywide Community Health and Information Network (CHAIN) system.

3. County LINCS agencies are required to lead the development and maintenance of a CHAIN for their jurisdiction. Directories received from other health departments are to be incorporated into the CHAIN system and periodically tested and updated. City LINCS agencies are solely responsible for the development and maintenance of a CHAIN for their jurisdiction as described in this section. LINCS agencies may use PHPF to fund personnel costs (salary and fringe benefits) to develop, maintain, and use the LINCS and CHAIN systems.
- C. All local health departments may use PHPF funds to purchase hardware and software (see specifications below), telecommunications services, and access to the Internet/World Wide Web. Allowable expenses include monthly charges associated with telecommunication services, Internet Service Provider (ISP) services and email access to meet required activities.

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MINIMUM COMPUTER HARDWARE AND SOFTWARE SPECIFICATIONS

Hardware: Intel Pentium III, 933 MHz, 128 MB PC100 SDRAM, 20 GB hard drive, 32 X speed CD-ROM, 17" XGA monitor with 1280 x 1024 resolution, 8 MB 32 bit 3D video card, wave table sound card, 3 1/2" floppy drive. Note: If there is no local area network (LAN) back up, then a LS-120 dual capacity (1.44 and 120 MB) 3 1/2" floppy drive or a 100/250 MB Iomega Zip drive is recommended.

Software: Windows 2000 Professional operating system, Microsoft Office Professional 2000 and Netscape Communicator should be installed in all new systems. Windows 98/2000, Word Perfect Suite 8 or Lotus Smart Suite Millennium Edition and Microsoft Internet Explorer is acceptable if required by the users PC/LAN administrator.

2. Workforce Training/Education

State Contact:

Richard Matzer, MPH, Acting Division Director, Division of Local Health and Emergency Services – (609) 292-4993

Workforce Training/Education is a priority activity. **ALL local health departments must direct PHPF for this activity unless documentation is provided which demonstrates that funds are allocated in local budgets sufficient to support training and education for ALL public health professionals employed.**

- A. Training and education should increase or expand the public health professional's knowledge and skills in areas that strengthen competencies to provide the ten Essential Public Health Responsibilities (see Attachment A), as well as in leadership and organizational management.
- B. Professional staff is to be provided a variety of educational opportunities above and beyond those offered as department in-service programs. Attendance at state and national conferences, university and professional organization courses, etc is to be supported.
- C. Additionally, local health departments are strongly encouraged to participate in distance learning opportunities including satellite down link and web-based training and education.

1. Continued for CY 2003:

- a. PHPF funds may be used to acquire satellite down link equipment provided that the local health department agrees to participate in the New Jersey Distance Learning Network by serving as a regional down link site, continuing education course sponsor, and provide access to a minimum of ten (10) additional participants from other local health departments.
- b. All local health department staff are required to be trained in cultural competencies and diversities. PHPF funds are to be used to support this training unless other resources are available.

3. **Organizational Capacity Assessment**

State Contact:

Richard Matzer, MPH, Acting Division Director, Division of Local Health and Emergency Services - (609) 292-4993

Organizational Capacity Assessment calls for an internal review of the local health department and includes those activities conducted using the APEXPH model to assess, enhance, and improve the LHD ability to assist the community in achieving locally relevant goals. The process assists LHDs in creating a practical organizational action plan, including setting priorities for correcting perceived weaknesses.

B. Epidemiology and Disease Prevention/Control

1. **Reportable Disease**

Infectious and Zoonotic Disease

State Contact:

Faye Sorhage, VMD, MPH, State Public Health Veterinarian, Infectious and Zoonotic Disease Program - (609) 588-3121

Activities to be funded for Infectious and Zoonotic Disease Program are outlined in the Minimum Standards, 8:52-4.1. They include surveillance, investigation, and control of reportable communicable diseases, dissemination and exchange of information relative to outbreaks of communicable disease, and analysis of data for effective program planning.

2. **Tuberculosis**

State Contact:

Program Manager, Tuberculosis Program - (609) 588-7522

The activities to be funded for Tuberculosis Control are outlined in the Minimum Standards; however, the following activities have top priority (in priority order):

1. Treatment and continuing medical supervision of suspected and diagnosed cases of TB, including Directly Observed Therapy (DOT).
2. Identification and examination of contacts and completion of their treatment for latent TB Infection (formerly called preventive therapy) using Directly Observed Preventive Therapy (DOT) as necessary.
3. Provision and completion of treatment for latent TB infection for other high risk reactors (those with dual HIV/TB infection, Mantoux TB test converters, children under 5 years of age).

3. Sexually Transmitted Diseases

State Contact:

Jerry Carolina, Jr., Program Manager, Sexually Transmitted Diseases - (609) 588-7526
Activities to be funded for Sexually Transmitted Diseases include medical service provision, STD case reporting, counseling, interview and investigation, partner referral, public education, and analysis of data for effective program planning.

4. Older Adult Immunizations (Influenza and Pneumococcal)

State Contacts:

Chuck O'Donnell, MPA, Coordinator, Immunization Program - (609) 588-7512
Gerry Mackenzie, Division of Senior Affairs – (609) 943-3499
Martin T. Zanna, MD, MPH, Medical Consultant, Office of Planning and Development - (609) 584-4966

PRO Contact:

Cari Miller, Project Coordinator, the PRONJ - (732) 238-5570 ext. 2043

This is the fifth year the Department of Health and Senior Services has participated in a Statewide Older Adult Immunization campaign. Over the years, the New Jersey Department of Health and Senior Services (NJDHSS) have collaborated with organizations such as the PRO NJ, public health agencies, the medical community, long term care facilities and hospitals. The campaign focuses on multiple strategies to boost influenza and pneumococcal vaccination rates in New Jersey. The program was originally launched in response to New Jersey's low performance in achieving the Healthy People 2000 objectives to vaccinate 60% of community dwelling elderly for these important vaccinations. For 2010, the national goal has been set at 90%.

Many local health departments have initiated activities related to improving influenza and pneumococcal vaccinations in New Jersey as a result of the campaign. The Immunization Program reports that an increased number of doses of influenza and pneumococcal vaccine were purchased through last year's state vaccine contract. This is also consistent with the Office of Local Health's survey of "Flu and Pneu" shots clinics scheduled during the fall season. This survey found the majority of the local health departments surveyed are reporting significant activities in this area. In addition, local health departments are to ensure that a complete listing of immunization clinics within their jurisdiction is posted on the DHHS web-based listing of flu clinic schedules and locations.

In 1995, the New Jersey BRFSS revealed that 52% and 87% of seniors 65 years of age or older, had not received a dose of influenza and pneumococcal vaccine respectively. By 2000, the New Jersey rate had improved such that 34% and 43% of seniors had not received dose of influenza and pneumococcal vaccine, respectively. New Jersey met the year 2000 goal for influenza vaccine coverage for older adults and came within 3 percentage points of meeting the pneumococcal coverage goal. Despite these improvements, New Jersey still remains slightly below the national average.

Examples of activities related to older adult immunizations local health departments may wish to consider include:

1. Conduct or arrange for older adult immunization clinics in communities served;
2. Partnering with other agencies interested in developing a coordinated approach to improving older adult immunization rates;
3. Provide public education and information related to older adult immunizations; including posting and maintenance of all clinic schedules on the DHSS "Flu Clinic" website.

4. Develop special strategies to deliver older adult immunization services to minority populations which show much lower immunization rates for both influenza and pneumococcal vaccinations than the general population, and isolated populations where access is a barrier to receiving services.

5. Childhood Immunizations

State Contact:

Chuck O'Donnell, MPA, Coordinator, Immunization Program - (609) 588-7512

The activities to be funding regarding immunization are outlined in Minimum Standards. The following activities are listed in priority order:

1. Perform disease surveillance/obtain serology specimens for lab testing/investigation/rapid prophylaxis treatment of contacts.
2. Performs community-based outbreak control activities.
3. Performs, as specified by the Immunization Program guidelines and priorities, audits preschools/day care centers K-1 entry for Chapter 14 compliance and enforcement; provide in-service training to these institutions.
4. Vaccinate those falling through "cracks", e.g., those in transition between insurers, uninsured, underinsured, undocumented aliens and conduct outbreak clinics, and special walk-in school-age vaccination clinics, as necessary.
5. Perform community health assessments - initiate locally based public health education and interventions.
6. Ensuring or outreaching so that children have a medical home and receiving recommended well-care child care/immunizations utilizing Immunization Registry data which is locally focused.
7. Assessing local/community/neighborhood vaccine coverage levels, needs, and directing improvement efforts.

C. Public Health Administration

1. Health Promotion/Education

State Contact:

Richard Matzer, MPH, Acting Division Director, Division of Local Health and Emergency Services - (609) 292-4993

Health Promotion activities include assessment of community health education needs and identification of target populations based upon relevant health data. Identification and involvement of community leaders in planning, implementation, and maintenance of needed health education and collaboration with other agencies to provide those services. Provision of health education/promotion interventions which may include skill development, simulation, peer group discussion, behavior modification, lectures, media events, programmed learning, and individual instruction. Evaluation and assessment of the degree of success in achieving health education objectives and their impact on health outcome indicators.

2. Public Health Advocacy

State Contact:

Richard Matzer, MPH, Acting Division Director, Division of Local Health and Emergency Services - (609) 292-4993

A recent Harris poll revealed that only 1% of those persons polled knew what public health is and how it benefits the public. The public health community needs to do a better job of educating the public about its roles, responsibilities, and value. PHPF may be used to market or advertise public health as an essential public service and to increase public knowledge and understanding of local health department core functions and activities.

Public Health Advocacy activities include development and distribution of educational materials about public health which list and explain how local health departments protect and preserve health and prevent illness. LHDs may plan and conduct town meetings to present and discuss public health services; organize an invitational affair with policymakers to promote public health; advertise the value of public health through a series of public service announcements through various media. Funds may be used for staff or consultant services to develop and implement advocacy-building strategies and to support the development of events or materials, their conduct and distribution.

D. Environmental/Occupational Health

1. Environmental Sanitation/Safety

State Contact:

James A. Brownlee, MPH, Director, Consumer and Environmental Health Services - (609) 588-3120

Environmental sanitation/safety activities include those outlined in Minimum Standards 8:52, SUBCHAPTERS 3.1 Recreational Bathing, 3.2 Campgrounds, 3.3 Youth Camps, 3.4 Food Surveillance, and 3.6 Public Health Nuisances.

2. Occupational Health

State Contact:

Gary Ludwig, Acting Director, Occupational Health Service - (609) 984-1843

Activities related to Occupational Health that may be funded by PHPF are included in Minimum Standards 8:52 SUBCHAPTER 3.5.

1. Consultation to Public Agencies Regarding Indoor Air Quality Problems

The PEOSH Program conducts on-site inspections at public agencies in response to employee complaints. More than fifty percent of the complaints received by the Program involve Indoor Air Quality (IAQ). Many of these IAQ problems could be resolved by the public agencies if they had more access to technical information and consultation regarding IAQ. We are prepared to fund and collaborate with local health departments that are interested in gaining more expertise regarding IAQ and providing technical information and consultation to public agencies located within the geographic jurisdiction of the local health department. Proposals can be submitted to fund the following related activities:

- Salary and fringe for staff to conduct IAQ related activities
- Training for staff on IAQ topics;
- Purchasing of technical equipment needed to conduct IAQ assessments at public agencies, and
- Purchasing of technical materials and educational materials on IAQ related topics.

2. Consultation Regarding Occupational Health Problems

The Occupational Health Surveillance Program receives more than 800 telephone calls each year requesting information and consultation regarding occupational health issues. These calls are primarily from private sector employees and small business employers. We are prepared to fund and collaborate with local health departments that are interested in gaining more expertise in the area of occupational health and providing consultation and educational materials in response to requests received from employers, employees, and the public located in the geographical area of jurisdiction of the local health department. Proposals can be submitted to fund the following related activities:

- Salary and Fringe for staff to provide consultation regarding occupational health issues
- Training for staff on occupational health topics
- Purchasing of technical materials and educational materials on occupational health topics

3. Consultation to Public Agencies Regarding Right to Know Requirements

Under the Worker and Community Right to Know Act, public agencies are required to complete an annual Right to Know Survey of the hazardous substances present at their facilities and to provide initial and update RTK training for their employees. In many cases, public agencies are contracting with private consultants to perform these activities for their agencies. We are proposing to fund and collaborate with local health departments that are interested in gaining more expertise regarding RTK mandated activities, completing RTK surveys for themselves and other public employers, and providing RTK training for public employees in public agencies located within the geographic jurisdiction of the local health department. Proposals can be submitted to fund the following related activities:

- Salary and fringe for staff to conduct RTK compliance activities in the areas of survey completion, training, and labeling
- Training for staff on RTK requirements and hazardous chemicals
- Purchasing and printing of RTK educational materials

3. Childhood Lead Poisoning

State Contacts:

Gene VanBenthysen, Public Health Representative, Child & Adolescent Health - (609) 292-5666

Funds allocated to this activity can be used to support:

1. Environmental investigations to identify and remediate lead hazards, including investigations undertaken in compliance with Chapter XIII of the NJ State Sanitary Code;
2. Case management and home visiting by public health nurses for children with elevated blood lead; and
3. Educational activities designed to inform the community about the dangers of lead poisoning in children and to assist them in identifying and properly removing lead hazards.

These funds can be used towards the matching funds required for Medicaid reimbursement of environmental inspections on behalf of enrolled children. They cannot be used to pay for lead screening or medical treatment of children with lead poisoning.

E. Older Adult Health

1. Health and Wellness

State Contacts:

Gerry Mackenzie, Division of Senior Affairs - (609) 943-3999

Marilyn Engstrom, RN, MSN, Division of Senior Affairs - (609) 943-3500

There are several definitions of wellness cited in the literature based on varying theoretical frameworks. These range from similarity with the concept of health promotion to multidimensional definitions encompassing the six areas of social, occupational, spiritual, physical, intellectual, emotional (National Wellness Association).

In developing model wellness programs, local health departments are free to structure their programs to best meet identified needs of older adults in their respective communities. To assist others in replicating successful models, it is recommended that wellness programs provide a description of the model being applied. This project summary is intended to communicate how the model:

- Encourages healthy behaviors through risk factor interventions such as:
 - Nutrition and weight management
 - Medication management
 - Physical activity
 - Smoking cessation
 - Substance abuse intervention
 - Fall and fracture prevention
 - Other injury and violence prevention
- Encourages expansion of preventive services to meet the challenges of reducing the leading causes of death in older adults such as heart disease, cancer and diabetes and assuring optimal receipt of adult immunizations.
- Addresses other major causes of disease and dysfunction in older adults such as Alzheimer's, depression, or other mental health concerns, osteoporosis, injuries, and arthritis.
- Targets public education campaigns to older adults with priority given to aging-related health issues.

In model development, the local health department is encouraged to establish networks and partnerships to improve communication about disease prevention and health promotion issues in their communities.

In addition, such initiatives seek to identify and coordinate available resources to support chronic disease prevention, self-management, and health promotion services.

Finally, share successful intervention strategies with others!

Reference:

State Health Departments & State Aging Agencies Working Together, CDC
Unrealized Prevention Opportunities: Reducing the Health and Economic Burden of Chronic Disease, CDC, March, 1997.

Aging, University of Medicine and Dentistry of New Jersey, School of Osteopathic Medicine Center for Aging, Spring 1998.

2. Mental Health

State Contacts:

Gerry Mackenzie, Division of Senior Affairs - 609-943-3499

Marilyn Engstrom, RN, MSN, Division of Senior Affairs - (609) 943-3500

In collaboration with the Geriatric Education Center (GEC) at the University of Medicine and Dentistry, School of Osteopathic Medicine, the Department of Health and Senior Services is implementing a Health Promotion Initiative in several counties of New Jersey. The Health Promotion Task Force identified three topics on which training would be developed by the GEC and offered to participating counties--mental health and aging, falls and injury prevention, and drug use and misuse in the elderly.

At the county level, coalitions of health, aging, and mental health providers have been formed to identify the area most in need of training in that county. Two-day workshops were conducted in fourteen (14) counties. The majority of counties have selected mental health and aging as their topic of choice. Feedback has indicated a need for continuing education of community-based professionals. In counties where mental health and aging training is provided by the GEC, local health departments might assist in implementing initiatives identified through the training.

One of the counties limited its mental health training to the topic of depression and the elderly. Depression screenings were held at two health fairs in the county, resulting in the identification of 15-25% at risk of depression. Since 80% of those diagnosed as having a major depression can be successfully treated, screening and referral are key activities. Because older adults who become depressed also become socially isolated, gatekeepers need to be trained to identify those at risk. Examples of gatekeepers are the clergy, mail carriers, delivery persons, meter readers, grocery store personnel, etc.

Local health officers contemplating planning mental health projects or wishing to discuss the partnership with the coalitions described above are encouraged to contact the Division of Senior Affairs at (609) 943-3500.

3. Injury Control

State Contacts:

Gerry Mackenzie, Division of Senior Affairs – 609-943-3499

Kathleen Mackiewicz - State and Territorial Health Officers Injury Prevention

Director's Association Representative (STIPDA) - (609) 777-7738

A well designed injury prevention program utilizes community specific injury data and assessment information to define the injury problem as well as corresponding measurable program goals.

One area often included in older adult injury programs is fall prevention. Such programs directed at the elderly often focus on environmental hazards. Strategies focus on home safety and may include interventions to make streets and walkways safer for seniors. Other approaches to injury control related to falls include prevention of osteoporosis by measures such as proper diet, calcium and vitamin D supplement, weight bearing exercises, and offering bone densitometry and appropriate medication regimens when indicated.

The Department of Health and Senior Services has implemented approximately 125 “Healthy Bones” projects statewide and continues to collaborate with the NJ Osteoporosis Coalition, Older Women’s League and other organizations to expand to additional agencies.

A summary of activities that local health departments may wish to consider in the area of injury control include:

1. Performing community assessment related to injury control;
2. Developing fall prevention programs;
3. Partnering with the Interagency Council on Osteoporosis;
4. Providing consumer health education related to falls and other injuries among older adults.
5. Performing in-house assessments related to fall prevention.

Further examples of areas to consider may also be gleaned from the National Center for Injury Prevention web page which provides over one hundred items of interest.

References:

“Injury Prevention Meeting the Challenge”, published for the National Committee for Injury Prevention and Control by the American Journal of Preventive Medicine, 1989.

4. NJ Ease (Easy Access Single Entry) Linkage

State Contacts:

Barbara Fuller, MSW, Acting Program Manager - (609) 943-3463
Mary Casey O’Connor, MSW, Supervisor of Care Coordination - (609) 943-3459
Jack Ryan, MSW, Supervisor of Training and Research - (609) 943-3462

New Jersey has taken fundamental steps to expand home and community services and long-term care options for seniors. Through the New Jersey EASE initiative, originally funded by the RWJ Foundation under the auspices of the Governor’s office, seniors and those who care for them are able to call one nationwide toll-free number to connect with their county office on aging. Through this number – 1-877-222-3737 – they can receive information and benefits screening services, a full assessment of their needs, and ongoing case management. A central goal is to assist seniors in finding affordable non-institutional care options.

New Jersey EASE reorganized county senior service networks to provide consumers with services that are more accessible, responsive, and appropriate to their needs. Each county has redesigned its system in order to provide core services i.e., information and assistance, benefits screening, outreach, comprehensive assessment, care planning and care management. The use of a standardized tool, state training for all staff, and the development of protocols assure statewide consistency in the delivery of high quality, cost-effective services. More detailed information is contained on the DHSS web page.

Local health departments are encouraged to become **active partners** with NJ EASE. Examples of activities that will bring about meaningful linkage include:

- Pooling of resources to support one or more of the service components of New Jersey EASE.
- Participating in the development of technology links with NJ EASE.
- Collaborating with New Jersey EASE to produce a comprehensive community calendar of all health promotion/prevention/wellness events.
- Planning joint health promotion/prevention/wellness initiatives.

Questions about your county New Jersey EASE agency should be directed to Barbara Fuller at the above number.

F. Maternal and Child Health

1. NJ FamilyCare Education/Outreach

State Contact:

Diane Tartaglia, Outreach Coordinator, (609) 588-3526

In December 1997, the New Jersey Legislature established NJ KidCare, a health care insurance program for low-income children. NJ KidCare became NJ FamilyCare in 2001 and includes the expansion of eligibility for the Medicaid program and a new program of subsidized health insurance for children and their parents in families with incomes below 350% of the federal poverty level, but who don't qualify for Medicaid. All local health department child health programs must have in place a protocol to inform the parents of all children receiving services about the availability of health insurance coverage if they are potentially eligible. These funds may also be used for community-wide public information and outreach activities to recruit eligible families to enroll in FamilyCare.

2. Improved Pregnancy Outcome

State Contact:

Judy Hall, MS, RN, CS, Public Health Consultant, Nursing, Child Health Program - (609) 292-5666

Activities in this area should be designed to implement the “**Babies and You**” model. Babies and You is a prenatal health promotion program designed to address maternal-infant health outcomes: decreasing infant mortality rate and percent of low-birth weight infants, and getting pregnant women into prenatal care early and with recommended periodicity of follow-up visits. Originally developed by the March of Dimes as a workplace health promotion package, local health department can be a vital resource in activity promoting this important program in the community to higher risk populations. The program content is such that it can be one-on-one in a home visit setting, or incorporated with other service provision within the health department setting, in small or large group settings in the community where people already are, such as, WIC clinics, homeless shelters, detention centers, parent and staff of local child care centers and HeadStart programs, schools, and a variety of other settings specific to each needs and nature of the community.

3. Adolescent Health

State Contact:

Beverly A. Kupiec, RN, MSN, MA, Program Coordinator, School and Adolescent - (609) 292-1723

Funds may be used to support health promotion, disease prevention, maintenance of positive health habits and the reduction of risk taking behaviors targeted to adolescents. Priority health issues include prevention of intentional and unintentional injuries (violence and suicide), smoking, prevention of adolescent pregnancy and sexually transmitted disease, lack of physical activity, substance abuse and adolescent parenting skills. Such activities should be carried out in the context of a local partnership/coalition of health care providers and community based agencies that provide services to adolescents. Funds may be used to create, coordinate or sustain such partnerships/coalitions.

4. Child Care Provider Health Consultation

State Contact:

Judy Hall, MS, RN, CS, Public Health Consultant, Nursing, Child Health Program - (609) 292-5666

Funds can be used to support health consultation services and technical assistance by public health nurses to child care providers. These services include:

1. Assessment of health and safety risks in child care settings and assistance in the development of appropriate policies and procedures to address the identified hazards;
2. Assessment of the adequacy of access and utilization of primary health care services for all enrolled children, including issues of health insurance coverage (e.g. FamilyCare eligibility), and the provision of necessary consumer education essential for parent choice;
3. Assessment of age-appropriate immunization and screenings, including linkages with local primary care providers and community resources to assure adequacy and provision of necessary services;
4. Coordination, provision, and/or arrangement for needs-based health, nutrition and safety education for child care staff, children, and families;
5. Review of existing policies and assistance with revision of such policies on an annual or as-needed basis;
6. Assist child care providers to develop systems and tracking for self-assessment/evaluation to assure consistency in a positive, on-going, healthy and safe environment for child care and early learning;
7. Provision or arrangement for education, training, and support to meet emotional, social and physical needs of all enrolled children, including those children with special needs; and
8. Provision of education, training, and support about the prevention, identification, and plan of action necessary to deal with common communicable diseases encountered in childcare settings.

5. Preventive Oriented Services for Child Health (using POrSCHe model)

State Contact:

Judy Hall, MS, RN, CS, Public Consultant, Nursing, Child & Adolescent Health - (609) 292-5666

Counties or municipalities that currently are participating in the development of the POrSCHe (Preventive Oriented System for Child Health) nurse home visiting model may apply for funds to support staffing program development needs not covered by existing grants. These applications must be reviewed by the Child Health Coordinator in the Child and Adolescent Health Program before approval by the Office of Local Health will be given. The following are the funded POrSCHe projects:

- (1) Burlington County Health Department
- (2) Camden County Department of Health & Human Services
- (3) Essex County, Irvington Department of Health & Welfare
- (4) Gloucester County Health Department
- (5) Hudson County, Jersey City Department of Health & Human Services
- (6) Mercer County, Trenton Division of Health
- (7) Middlesex County Health Department
- (8) Monmouth County Health Department
- (9) Passaic County, Paterson Division of Health
- (10) Union County, Muhlenberg Regional Medical Center, Home Care Department
- (11) Warren County Health Department

6. Infants and Preschool Children

State Contact:

Judy Hall, RN, MSN, Public Health Consultant, Nursing, Child & Adolescent Health Program, (609) 292-5666

Local health departments may continue to use PHPF to support Infants and Pre-school Children (CHC) preventive health activities **ONLY** if the CHC meets the minimum requirements and quality standards set forth below:

1. The CHC must serve a client base of 500 children annually unless justification to serve fewer children is provided to the satisfaction of the NJDHSS Child and Adolescent Health Program.
2. The CHC must meet at least monthly, and a policy must be in place to assure immunization administration by the public health nurse and/or advanced practice nurse at times other than the scheduled CHC session.
3. The CHC staff must conduct on-going screening for at least family income, insurance status, access to primary care provider, and citizenship status of the child of all clients accessing CHC services.
4. The CHC staff must participate in the enrollment of potentially eligible children in NJ FamilyCare, and to assist families with accessing health services.
5. CHC services must be provided as defined in the "Manual of Standards and Procedures for CHCs" inclusive of all service components of age-appropriate preventive health care practices, and a system in place to communicate with the child's primary care provider regarding the services provided at the CHC.
6. The local health department must be able to document that its CHC serves children who do not have access to other sources of preventive health services.

G. Monitoring and Quality Assurance

NJIIS (Immunization Information System)

State Contact:

Chuck O'Donnell, MPA, Coordinator, Immunization Program - (609) 588-7512

Questions regarding NJIIS activities should be directed to Chuck O'Donnell.

NJIIS is an electronic data and information system designed for use by health care providers and local health departments. The system is used to track required immunizations and to improve on statewide immunization rates.